

# **EXHIBIT G**

**EXHIBIT G**

Case 1:21-cv-00721-MAY-JM Document 14-8 Filed 08/27/21 Page 2 of 9									
NFIRS -1 Basic									
FDID * State * Incident Date * Station Incident Number * Exposure * Deleted <input checked="" type="checkbox"/> Change <input type="checkbox"/> No Activity									
B Location* <input type="checkbox"/> Check this box to Indicate that the address for this incident is provided on the Wildland Fire Census Tract 0002 - <input type="checkbox"/> Module In Section B "Alternative Location Specification". Use only for Wildland fires.									
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions									
201 E 2ND ST 14701 JAMESTOWN NY									
Cross street or directions, as applicable									
C Incident Type * E1 Date & Times Midnight is 0000 E2 Shift & Alarms									
321 EMS call, excluding vehicle Check boxes if dates are the same as Alarm ALARM always required									
Incident Type Alarm * 12 10 2020 10:51:00									
D Aid Given or Received* ARRIVAL required, unless canceled or did not arrive									
1 Mutual aid received 2 Automatic aid recv. 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None									
X Arrival * 12 10 2020 10:54:00									
CONTROLLED Optional, Except for wildland fires									
X Controlled 12 10 2020 10:56:00									
LAST UNIT CLEARED, required except for wildland fires									
X Last Unit Cleared 12 10 2020 10:56:00									
E3 Special Studies									
F Actions Taken * G1 Resources * G2 Estimated Dollar Losses & Values									
31 Provide first aid & Primary Action Taken (1)									
X Check this box and skip this section if an Apparatus or Personnel form is used.									
Apparatus Personnel									
Suppression EMS 0001 0002									
Other									
Check box if resource counts include aid received resources.									
LOSSES: Required for all fires if known. Optional for non fires. None									
Property \$ 000 000									
Contents \$ 000 000									
PRE-INCIDENT VALUE: Optional									
Property \$ 000 000									
Contents \$ 000 000									
Completed Modules H1* Casualties H3 Hazardous Materials Release I Mixed Use Property									
Fire-2 Structure-3 Civil Fire Cas.-4 Fire Serv. Cas.-5 EMS-6 HazMat-7 Wildland Fire-8 Apparatus-9 Personnel-10 Arson-11									
Deaths Injuries									
Fire Service									
Civilian									
H2 Detector Required for Confined Fires.									
1 Detector alerted occupants 2 Detector did not alert them U Unknown									
J Property Use* Structures									
131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital									
341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 1-or 2-family dwelling 429 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/barracks 519 Food and beverage sales									
539 Household goods, sales, repairs 579 Motor vehicle/boat sales/repair 571 Gas or service station 599 Business office 615 Electric generating plant 629 Laboratory/science lab 700 Manufacturing plant 819 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse									
Outside 124 Playground or park 655 Crops or orchard 669 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field									
936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 Highway/divided highway 962 Residential street/driveway									
981 Construction site 984 Industrial plant yard									
Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 361 Jail, prison (not juvenile)									

**K1 Person/Entity Involved** ☐ Local Option ☐ Business name (if applicable) ☐ Area Code ☐ Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

☐ Mr.,Ms., Mrs. First Name ☐ MI ☐ Last Name ☐ Suffix

☐ Number ☐ Prefix ☐ Street or Highway ☐ Street Type ☐ Suffix

☐ Post Office Box ☐ Apt./Suite/Room ☐ City

☐ State ☐ Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 Owner** ☐ Same as person involved? Then check this box and skip The rest of this section. ☐ Business name (if Applicable) ☐ Area Code ☐ Phone Number

☐ Local Option

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

☐ Mr.,Ms., Mrs. First Name ☐ MI ☐ Last Name ☐ Suffix

☐ Number ☐ Prefix ☐ Street or Highway ☐ Street Type ☐ Suffix

☐ Post Office Box ☐ Apt./Suite/Room ☐ City

☐ State ☐ Zip Code

**L Remarks** ☐ Local Option

M35 CALLED TO CITY JAIL TO EVALUATE A PRISONER. UPON ARRIVAL PRISONER WAS RESTRAINED IN CHAIR AND STATED HE WANTED TO KILL HIMSELF. M35 UNABLE TO ASSESS PT VITALS DUE TO AGITATED STATE. PT APPEARED MEDICALLY SOUND, HOWEVER NEEDS TO BE TRANSPORTED DUE TO MENTAL STATE. M35 ADVISED JPD THAT PRISONER NEEDS TO BE TRANSPORTED FOR BEHAVIORAL ISSUE. JPD STATED THEY WOULD TAKE PRISONER TO UPMC FOR EVALUATION.

**L Authorization**

☐ 994 ☐ JACKSON, CHRISTOPHER F ☐ FF ☐ ☐ 12 ☐ 10 ☐ 2020

Officer in charge ID Signature Position or rank Assignment Month Day Year

☒ 994 ☐ JACKSON, CHRISTOPHER F ☐ FF ☐ ☐ 12 ☐ 10 ☐ 2020

Check Box if same as Officer in charge. Member making report ID Signature Position or rank Assignment Month Day Year

07024

NY

12

10

2020

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20-0006603

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Complete  
Narrative

FDID

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State

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Incident Date

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Station

Incident Number

\*

Exposure

\*

**Narrative:**

M35 CALLED TO CITY JAIL TO EVALUATE A PRISONER. UPON ARRIVAL PRISONER WAS RESTRAINED IN CHAIR AND STATED HE WANTED TO KILL HIMSELF. M35 UNABLE TO ASSESS PT VITALS DUE TO AGITATED STATE. PT APPEARED MEDICALLY SOUND, HOWEVER NEEDS TO BE TRANSPORTED DUE TO MENTAL STATE. M35 ADVISED JPD THAT PRISONER NEEDS TO BE TRANSPORTED FOR BEHAVIORAL ISSUE. JPD STATED THEY WOULD TAKE PRISONER TO UPMC FOR EVALUATION.

FDID **07024** State **NY** Incident Date **12/10/2020**

Station **1**

Incident Number **20-0006603**

Exposure **000**

☐ Delete  
☒ Change

Apparatus or Resources

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					
1 ID <b>M35</b> Type <b>70</b>	Dispatch <input checked="" type="checkbox"/>	<b>12</b>	<b>10</b>	<b>2020</b>	<b>10:51</b>	<input checked="" type="checkbox"/>	<b>2</b>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

### Type of Apparatus or Resources

#### Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

#### Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

#### Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

#### Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

#### Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

#### Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?  
Use Additional  
Sheets

#### Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

NN None  
UU Undetermined

NFIRS-9 Revision 11/17/98

<b>A</b>		07024 FDID *		NY State *		12 10 Incident Date *		1 Station		20-0006603 Incident Number *		000 Exposure *		<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change		NFIRS - 10 Personnel	
<b>B Apparatus or Resource</b> <small>Use codes listed below</small>		<b>Date and Times</b> <small>Check if same as alarm date</small> Month Day Year Hours/mins						Sent <input checked="" type="checkbox"/>		Number of * People		Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>		Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>			
1 ID M35 Type 70		Dispatch <input checked="" type="checkbox"/> 12 10 2020 10:51 Arrival <input checked="" type="checkbox"/> 12 10 2020 10:54 Clear <input checked="" type="checkbox"/> 12 10 2020 10:56		Sent <input checked="" type="checkbox"/>		2		<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>							
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
1012 994		PICKARD, BENJAMIN JACKSON, CHRISTOPHER				FF1 FF		X X									
2 ID Type		Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>				Sent <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>					
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
3 ID Type		Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>				Sent <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>					
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									

07024

NY

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20-0006603

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FDID

State

Incident Date

Station

Incident Number

Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
M35 MEDIC 35	10:51:00	10:51:00	10:54:00	10:56:00

Staff ID\Staff Name	Activity	Rank	Position	Role
1012 PICKARD, BENJAMIN	Medical At Scene	Firefighter		
994 JACKSON, CHRISTOPHER F	Medical At Scene	Firefighter		

07024

FDID

NY

State

12

MM

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DD

2020

YYYY

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Station

20-0006603

Incident Number

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Exposure

Responding  
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
1012 PICKARD, BENJAMIN	M35	MX Medical At		FF1		0.08	0.08	1.00
994 JACKSON, CHRISTOPHER	M35	MX Medical At		FF		0.08	0.08	1.00
Total Participants: 2				Total Personnel Hours: 0.16				

An 'X' next to the unit denotes driver.

07024

NY

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2020

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20-0006603

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NFIRS - Involvement  
User Fields

FDID

State

Incident Date

Station

Incident Number

Exposure

Involvement

Name:

Powell, Christian

Involvement

Type:

Patient

Owner:

Occupant: